

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 590801

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9	1					
10	1					
11		1				
12	1					
13		1				
14	1					
15	1					
16	1					
17		1				
18		1				
19		1				
20		1				
21	1					
22	1					
23		6				
24	1					
25		1				
26	1					
27		6				
28	1					
29		1				
30		1				
31		1				
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40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46	1					
47		1				
48	1					
49		1				
50		1				
TOTAL IND.	15	↓		↓		↓
TOTAL DEP.	45	←		←		←
TOTAL CLAIMS	60					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						